Bidder Questions for State Iowa

1. For 7.3.1 number 33, can you provide the list of **service areas** for which you would like our standards of performance?

   Please disregard #33.

2. The current funding arrangement with Delta is maximum liability. In the RFP, you have requested self funded and minimum premium, and gave vendors option to quote other funding arrangements. Please verify if maximum liability is also a requirement for the 1/1/11 benefit period

   Please review 4.1 of the RFP. A minimum premium proposal is required for this RFP. A self funded proposal is optional.

3. Claim data provided appears to include billed charges, rather than actual paid amounts. Is it possible to receive paid data, in addition to member liability if possible?

   Attached below is a monthly data summary of paid claims.

4. Please verify periapical x-rays are allowed only once per 12 YEARS.

   Thank you for bringing this to our attention; the Benefits Certificate does say once every 12 years; however, the benefit is once every 12 months. The current vendor's system is set to process periapical x-rays once every 12 months.

5. Can a current premium statement please be provided?

   This information is not readily available. A history of the State's premiums were provided in Section 1.2.5 of the RFP

6. The claim data provided shows **submitted** charges. Is it possible to get monthly claim data that shows claims that were **paid** in each month (regardless of incurred date) and associated number of EOBs?

   Attached below is a monthly data summary of paid claims. EOB's are not easily reportable and may not be of much value since they are only generated when there is a member liability.

7. The RFP requests rates under the current 2-tier structure as well as a 3-tier premium structure. The census data indicates the current 2-tier category (Single or Family) but can the census be updated to include the current number of members under each employee so that 3-tiers can be developed.

   The average number of dependents per Family plan is currently 2.20 dependents (spouse and children) per plan.

8. What is the current UCR (or R&C) percentile for reimbursement for claims paid under the Premier "network" and the non-participating providers? Confirm non-participating are reimbursed based on UCR (R&C) and not Delta's schedule (or maximum allowable charge).

   Delta Dental's reimbursement methodology is proprietary.

9. Please confirm that the Delta Premier plan does not accept assignment of benefits out of network.

   Assignment of benefits is not currently accepted for the State of Iowa program

10. Question #34 references SPOC members. Please provide a definition of SPOC.

    Please disregard SPOC reference. Question should reference "SOI" (State of Iowa).

11. Please provide the Attachment 3, Deviations Worksheet, as noted on page 9 of the RFP.

    Deviation page should be formatted as follows:

STATE OF IOWA
PROPOSAL DEVIATIONS WORKSHEET

Please complete the following worksheet for any and all deviations included in your proposal. Please add additional pages as needed.

Required Service You are Unable to Perform	Steps Taken to Meet Requirement	Timetable and Person Responsible

Please list Deviation page as Attachment 2A in your submissions.

12. The list of the Top 50 currently utilized providers include name and NPI. Would it be possible to include phone number, zip code and TIN? NPIs were originally intended to create a national database of unique providers with one NPI assigned to each, but now providers can share NPI if they are in a group practice and conversely, one provider can have more than one NPI if he or she has multiple practice locations. These additionally requested elements would help as an additional cross reference.

    According to our current vendor, many providers use their social security number as their TIN number, which is protected information. Therefore NPI numbers have been provided in the Top 50 Provider report.

13. On page 2, it states "Individuals are responsible for all costs incurred by non-participating dentist". We assume this means for just the difference in costs from the provider charges minus the benefit payment by the plan; and not for the full cost of treatment since that would imply no out of network benefit."

    This is a correct assumption.

Paid Claim Request for Questions 3 & 6

SOI Paid Claims summary Jan 2008 - I